



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

RESPONSE REQUIRED

November 29, 2018

Timothy Walsh
2334 South 41st Street
Wilmington, NC 28403

Conditional Approval

Project ID #: O-11543-18
Facility: Southpoint Nursing Center
Project Description: Change of scope for Project ID #O-11187-18 (construct a combination nursing facility by relocating 32 adult care home beds from The Commons at Brightmore located in New Hanover County and 64 nursing facility beds from Doshier Nursing Center located in Brunswick County). Upon completion of the proposed project, the applicant will temporarily relocate and operate 32 adult care home beds to vacant space at Southport Nursing Center (formerly Doshier Nursing Center)
County: Brunswick
FID #: 160256

Dear Mr. Walsh:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, N.C. Gen. Stat. §131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to N.C. Gen. Stat. §131E-187(a). The conditions are as follows:

- 1. Southport Nursing Center, LLC shall materially comply with all representations made in this application, supplemental information and Project I.D. # O-11187-16. In the event that representations conflict, Southport Nursing Center, LLC shall materially comply with the last made representation.**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

2. **Southport Nursing Center, LLC shall temporarily relocate and operate no more than 32 adult care home beds at Southport Nursing Center, in Brunswick County.**
3. **Upon completion of the project, Southport Nursing Center shall be licensed for no more than 64 nursing facility beds and no more than 32 adult care home beds.**
4. **Upon development of the 96-bed combination nursing facility in Brunswick County, Southport Nursing Center, LLC shall discontinue use of the 32 temporary adult care home beds at Southport Nursing Center.**
5. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Southport Nursing Center, LLC, shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. **Payor mix for the services authorized in this certificate of need.**
 - b. **Utilization of the services authorized in this certificate of need.**
 - c. **Revenues and operating costs for the services authorized in this certificate of need.**
 - d. **Average gross revenue per unit of service.**
 - e. **Average net revenue per unit of service.**
 - f. **Average operating cost per unit of service.**
6. **Southport Nursing Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency making a determination not to issue a certificate of need for the project referenced above.

The conditional approval is valid only for a capital expenditure of **\$821,000**. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by N.C. Gen. Stat. §131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

N.C. Gen. Stat. §150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Lisa G. Corbett
Department of Health and Human Services,
Office of Legal Affairs,
Adams Building – Room 154
2001 Mail Service Center
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of this 30 day period ending December 31, 2018. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The timetable for this project is as follows:

1. Drawings Completed _____ March 1, 2019
2. Construction/Renovation Contract(s) Executed _____ May 1, 2019
3. 25% of Construction/Renovation Completed _____
(25% of the cost is in place) _____ May 15, 2019
4. 50% of Construction/Renovation Completed _____ June 15, 2019
5. 75% of Construction/Renovation Completed _____ July 15, 2019
6. Construction/Renovation Completed _____ August 15, 2019
7. Building/Space Occupied _____ September 1, 2019
8. Licensure Obtained _____ October 1, 2019
9. Services Offered _____ October 1, 2019
10. Medicare and/or Medicaid Certification Obtained _____ October 1, 2019

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the Certificate of Need is issued. Please contact this office if any clarification of this decision is required.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Bernetta Thorne-Williams
Project Analyst



Gloria C. Hale
Team Leader

Attachment

Timothy Walsh
November 29, 2018
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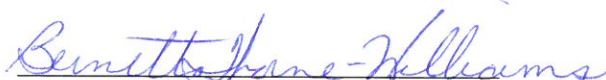
cc: Nursing Home Licensure and Certification Section, DHSR
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR
Construction Section, DHSR

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of **conditional approval** on the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

Timothy Walsh
2334 South 41st Street
Wilmington, NC 28403

This the 29th day of November, 2018.



Bernetta Thorne-Williams
Project Analyst, Certificate of Need

